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ABSTRACT

Several conceptualizations and definitions of retirement have been proposed. One of them--the three-stage transition process--can be illustrated from studies in Israel: (1) leaving the old role; (2) going through the act of formal separation; and (3) adjusting to the new situation and role. Today's higher rate of survival into later years means that retirement can be extended into a period of 15-20 years during which three additional subtransitions may occur: onset of sickness and disability, institutionalization, and widowhood. The growing trend of early retirement causes a further extension of the retirement period through earlier entry into this role by relatively young old persons, widening the gap between retirement and traditional concepts of old age. Analysis of some research findings reveals conflicting role expectations and strain resulting from early transition into retirement status and role. It is tentatively suggested that three distinct substages emerge in the extended retirement period: pre-aging retirement (early retirement), active (engaged) retirement, and passive (stabilized) retirement, each with its own characteristics and needs. These developments require long-range planning, with both individuals and society adjusting to specific situations and needs as they arise. (KC)

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Transition to Old Age

(Transition to Retirement)

Simon Bergman (Israel)

Int. Society for the Study of Behavioural Development

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Abstract

TRANSITION TO RETIREMENT AND OLD AGE

Several conceptualizations and definitions of retirement are reviewed; one of them--the three stage transition process--is discussed and illustrated by some research findings from studies in Israel: 1. leaving the old role; 2. going through the act of formal separation; 3. adjusting to the new situation and role. The seven stage model of Atchley is briefly mentioned with special stress of retiree role termination stage and transition into the role of an aged person. Higher rate of survivalship into late years accounts for extension of retirement into a period of 15-20 years during which three additional sub-transitions may occur: onset of sickness and disability; institutionalization; and widowhood. The growing trend of early retirement particularly in highly "gerontologized" societies of the West, causes a further extension of the retirement period by earlier entry into this role by relatively young-old persons. The gap between retirement and traditional concepts of old age is growing therefore. Analysis of some research findings reveals conflicting role expectations and strain resulting from early transition into retirement status and role. The Allen and Vliert five elements (stage) model of role transition--antecedents, transition, strain, reaction, and consequences, is used and illustrated by some research fidings, for the analysis of the transition process into retirment. As a result of earlier "entry" into and later "exit" from retirement period, a rethinking and reorientation-planning and research wise--is needed for better conceptual and practical coping with the changes occurring in retirement. It is tentatively suggested that three distinct sub-stages emerge in the extended retirement period: 1. pre-aging retirement (early retirement) 2. active (engaged) retirement; 3. passive (stabilized) retirement, each one with its own characteristics and needs. These developments require long-range planning and programming, with both individuals and society adjusting to specific situations and needs as they arise at different points in time and phases (at transition point into retirement and at transition time into old age.)

RETIREMENT AS A TRANSITION TO OLD AGE

Retirement is a social phenomenon rather than a biological necessity. It is not a stable factor in society, therefore it need not be treated as a given. It has changed over time and will continue to do so in the future. The theme outline of this symposium identifies retirement as one of the transitions to old age characteristic of a growing number of people in modern society. Changes wrought by retirement are many and affect our relations with people, the patterns of our daily living, evaluation of the past and planning for the future. In the process of adjustment to it we use internal and external resources at our disposal to cope with the demands of the new situation. Most of us cope successfully: some fail partially or fully. As a result thereof, various psychological problems may arise during and after the transition period.

The developmental approach to the life cycle rests on the principle that all lives go through a similar sequence of stages, transformation, and transitions. Each of the stages carries with it a set of crises that have to be coped with, as well as its opportunities for growth and fulfillment. Each stage is dependent on the preceding stage for mastering the skills needed for successful coping with changing contingencies of life. Aging is no exception to these premises (Monk, 1979).

Aging is possibly particularly rich in changes. Some of these are intrinsic to the developmental process; some are socio-genic in nature; some are so institutionalized that their occurrence can be time-wise predicted, and therefore anticipated and prepared for. Retirement falls into this latter category of transitions, or turning points, the occurrence of which becomes practically unavoidable for the overwhelming majority of elderly at a pre-determined point in time. It signifies the socially sanctioned departure from work-life stage and entry into the stage of socially sanctioned non-work life.

Retirement, as McPharson points out (1983), has been variously referred to as a beginning, as an ending, an event, process, period, transition, institution, career phase, bridge between middle and old age, and as an exchange of work role for a leisure role

Retirement is essentially a personal, individual experience with far-reaching social implications as well as a societal phenomenon and institution with important personal implications for the individual and impact on the system to which he/she belongs. It may be traumatic for some, resulting in negative consequences in personal, physical, social and mental well-being; it may be normal for others without serious disruptions in life-style and functioning. But, as in all transitions in the human life cycle, it means giving up an accustomed role in order to transfer to another, yet untested and unexperienced role and status, characterized by an anticipatory anxiety as to one's capacity to effect the transition with minimum of personal, material, and psychological loss to onseself and to one's closest system.

Naomi Golan (1981) speaks of 14 transitions in the human life

cycle. Of these, three are defined as vertical transitions linking middle and late adulthood and associated with retirement. The remaining eleven are psycho-social and include "retirement as a bridge." Gordon speaks of eleven stages of contemporary life cycle of which the last two emphasize late life: 1) retirement --(from end of work to onset of severe illness), and 2) disability (from onset of illness to death).

Retirement as a transitional process can be seen as having three major phases:

1) Leaving the old role (the world of work):

2) Going through the act of formal separation

3) The phase of adjustment to the new situation (post-retirement period (Golan, 1981).

In each one of these phases, certain developmental tasks have to be met. In the first phase (leaving the old role) three tasks have to be met:

a) recognize retirement possibility or necessity (the need to accept the fact that "all roles have a beginning and an end", a point of entry and a point of exit). This recognition, as studies

show, becomes more acute as one comes time-wise closer to the point socially agreed upon as "time of exit." Our studies (Bergman, 1984) have shown that it is 2--3 years before the "time" that respondents began to think more often about retirement becomming a possibility.

b) Beginning to prepare ("getting ready")- in most of our studies both those "before" and those "after" retirement tended to assign a rather short period of time (1 to 2 years at the most) as the desirable period for initiating formal preparation in this respect (Bergman, 1980).

c) Making the decision-- to the extent that there are options open to the individual, such as optional vs. mandatory, partial versus complete; gradual versus abrupt; advanced versus deferred retirement.

In the second phase- going through the act of formal separation-this act has become considerably institutionalized and ritualized in quite a few countries. In my own country the "rites of passage" is almost universally practiced in both "blue" and "white" work-settings (93%): the Civil Service manual details the

procedure, "gifting", ceremonial and other aspects of the act, etc.) These rites focus on honoring the past more than on future expectations, although references to future role expectations are frequently made (Bergman, 1980).

3) As for the third phase --that of adaptation and adjustment-- a variety of styles has to be considered, planned, and selected for role behaviour--such as continuation of work-life activities versus non-worklife engagement; relaxed, unstructured retirement: "letting the past be past"; "living day by day," return to remunerative work if possible: maintaining former identity through close contact with former work-place, etc. This latter pattern is rather developed in our country and the major part of work-places in Israel (69%) have a developed system of "contact-with-retirees" programs ranging from partial employment, participation in cultural and ceremonial events, involvement in Trade Union activities, economic priveleges, etc. Our study of major work places in Israel (Bergman, 1980 b.) identified 12 forms of continuity of contact. Only 25% of the surveyed work places did not have such intsitutionalized patterns

and only 3% of work-places practiced all 12 forms of contacts. The importance of the contact with those who "remain behind" in the work place is considered very important by those before retirement (88% of retirees in our study stressed this). When retirees (up to 5 years after leaving work) were polled on this question in another survey, fewer referred to it but critically--as insufficient or not too well developed. In both cases then, in expectations and in retrospection--importance is attached to the maintenance of such contacts.

Literature abounds in a variety of conceptualizations of retirement as a number of stages before and after the formal retirement event: as a stage in the life cycle of an older person, as a status allocated by society to the older person; as a social role poignantly placed by Guillemard (1975) "between work and death".

We are familiar with, and many have adopted the retirement model of Atchley (1976) as a seven-stage process of which two (distant, close) occur before the formal act of retirement, and five occur after the formal act and are termed honeymoon, disenchantment,

reorientation, stability, and finally, termination of role of retiree.

This last one is to be seen as the one when the retirees begin to perceive themselves, or are perceived by others as old, disabled, sick and dependent --an image deviating generally from the image of a retiree with a social role pattern of involvement, activity and strong links to social reality and environment.

As life now extends over more years we have a growing number of late retirement survivors who potentially fall into Atchley's seventh (termination) stage. This group of the "very old" or "extremely old" persons, aged 80 and over, are now a major focus of gerontological concern and research. These late survivors have experienced a wide range of physical-psychological and social stresses and decrements yet have demonstrated their ability to cope with an accumulation of problems and needs. They are a fast growing segment of the retired population and they especially face in their retirement three further possible transitions due to:

1) health impairments (physical/mental)--to the role of the sick, disabled, dependent aged.

2) starting on the path to institutionalization in Long-Term Facilities (with the probability of an institutionalization rate of 20-25% in that age group.)

3) becoming widowed (with all the existing consequences of that conditon so late in life, especially for women).

This group of elderly, 15-20 years in retirement, has not yet been sufficiently researched for the various aspects of role performance, changes in self-perception as retirees and coping capacity with physical and psychological demands of life as retirees.

A recent Israeli study (Bergman and Bar-Zuri, 1984) of a sample of several hundred (N=598) retirees aged 80-94 showed a rather well functioning group, (90% independent in ADL), involved in recreational and communal activities; in "hosting" roles for family and friends, with time well utilized and "flowing" quickly due to a

variety of options of involvement available to them. Close to half of them still maintain some form of contact with former work place (44%). They have generally a positive health perception (good 21%; average 62%; bad 11%). Only 7% see themselves in a worse health situation than their 'peers'. However, they perceive themselves as considerably more active than their peers (35%).

Only 15% were interested in a "friendly visitor," while 20% of the total sample are involved in some form of volunteer activity, including that of visitors to peers. On the index of satisfaction with their present situation, 61% of them were satisfied or quite satisfied with their lot, and only 7% were dissatisfied.
On the retrospective comparison of expectations of their life and of their actual achievements, a third of the respondents found their life to be better than expected or as expected. A similar percentage found their life to be less good than expected; and over a quarter--were unable to form an opinion.

Perception of passage of time explained 28% of observed variance. Ten percent of the sample were already in institutions, a ratio far below the one generally expected in this age group (20-25%

of 80+).

However, it is in this "late stage of retirement survival" more than in the antecedent stages, that societal support and resources may become the major element in adapting to increased dependency with minimal strain and negative reactions by providing well-developed services, support and other strain moderating factors to assist these survivors in preserving their role as retirees, rather than having to transit into the phase of termination of the role of the aforementioned model. I mention this because the survey I referred to, showed the preservation of the self-perception of retiree rather than that of a very "aged person" only.

No discussion of transition to retirement can disregard a second change that has increasingly commanded our attention--the earlier entry into the retirement role as a result of voluntary or involuntary early retirement (Lehr, 1986; Jacobson, 1986). Detailed discussion of the issue and of its implications would exceed the framework and time of this symposium. A special international workshop on this topic took place a year ago in Jerusalem and its

documentation should soon be available. Early retirement as a trend is increasing. People live longer but tend to retire earlier. Age 58-59-60 is increasingly the entry age into retirement role. The divergence between social and biological aging is and will progressively become greater. The perception of self identity of early retirees as elderly and/or retirees, and the possible conflict with perceptions still dominant in the social environment may harbour many conflicting role expectations resulting in increased role strain and transition difficulties. There are, to my knowledge, not many studies of this issue. The one reported recently by Lehr concerns the research by Neiderfranke (Germany) of a group of early retirees (aged 58). Positive anticipation of retirement was reported by 80% of respondents as felt approximately 2 years earlier.

The decision to retire earlier was determined by external pressure (26%), internal motivation (26%), and by combination of both (48%). In retrospective--the majority of the retirees perceived the transition as the loss of their most salient social

role, that of a worker. There was a feeling of loss of status despite reasonable economic compensations. Role expectation conflicts were present in that by age grading they were expected to be in work- roles. One fifth reported negative reactions from neighbors: 32% were ambivalent in regard to their new status; 1/3 were unable to indentify with the status of early retirees. Reactions of significant others--wives--were reported to be negative (rejection of idea of being married to a pensioner), and children (who could no longer perceive their fathers as a source of economic support). As retirement normally was anticipated to come later, early transition caught retirees unprepared for the new role of retiree. About 1/3 of male retirees perceived their life in a negative and stressful way. Only 15% had very positive feelings about it. Many more investigations will be needed, particularly on longitudinal basis to better comprehend the implications of the extended continuum of retirement as a result of earlier entry. Too young to be accepted as old or to see themselves as old because of retirement; and too old to retain effectively the workers role--such early retired groups may have an impact on the direction, content,

tensions and strains involved in the transition process into premature retirement.

Whether the role of the retired and the possible changes therein are sufficiently specified, recognized by society and internalized by the person in transiton, is neither sufficiently clear nor certain. Some role transients may lack the ability--cognitive, physical or social --to enact the expected role effectively. This may more frequently occur when the person is exposed to expectations from multiple sources (peers, family, society etc) some of which may be contradictory or mutually exclusive. The resulting conflicts and strains may be difficult to cope with in the process of adaptation to the new situation. Despite the diversity of situations connected with the tranisiton process, one can discern many basic psychological processes "in ostensibly different instances."

Allen and Vliert (1982) developed a role transition model consisting of the following five elements--stages:

1) Antecedent conditions; 2) role transition; 3) role

strain; 4) reactions; and 5) consequences.

As for antecedent events, various interpersonal, or societal events or changes in the existing role set may become a cause for a role transition. The latter will be experienced as an intrapsychic state of arousal, excitement, or irritation called "role strain."

Correct anticipation of the new role expectations generally helps prevent role shock and strain. Overly optimistic or overly pessimistic anticipation of role problems will cause more strain than relatively correct anticipations.

Anticipatory socialization (including well planned retirement preparation programs)--should be helpful. Some transitions may be anticipated with pleasure, some with anxiety (for instance, retirement perceived as a reduction in status, income, etc.) In one of our own pre-retirement studies (Bergman and Malcinson, 1984) (n=close to 1,000 persons), more than half (55%) were thinking more than ever before about the forthcoming change in their economic situation and health as result of having to retire soon and that these thoughts were a source of worry and pre-occupation for them.

The critical time-point when this occurred was the period of 2-3 years before the expected mandatory retirement.

The lower the importance of the new role (retirement) for the person's social identity, the smaller the strain is likely to be. However, some level of strain is always present in the process of transition and change; and it may be experienced in the form of acute cognitive or affective disturbances, such as discomfort, anxiety, uneasiness or even distress.

The intensity of strain depends on availability of, or accessibility to, moderating factors, which consist of personal and environmental variables which intervene between the start of the transition process and subsequent reactions of the individual. The personal, moderating factors include locus of control, self-esteem, cognitive structure, etc.; and on an environmental level--structure of social network, centrality of role, type of social support available, etc.

In most cases individuals deal satisfactorily with the transition strain thus preventing negative physical and psychological consequences, i.e. adjusting to retirement as a form

of managing the transitional strain. This type of management can be seen as a pattern of personal behaviour, characteristic of future-oriented individuals motivated and used to plan and prepare for anticpatory events in the future--including retirement. This behavior takes place independently of societally planned and organized programs and planning activities of retirement preparations. These "personal planners" constitute a relatively small percentage (15-20) among subjects studies by us in a number of pre- and post- retirement surveys. They also show a higher percentage of those who found adjustment to and functioning in retirement more easy and satisfactory.

At societal level-- we refer to the formalized interventive strategies under a variety of sponsorships, aimed at sensitizing and preparing individuals as a social category in order to promote a less strained and less traumatic transition into the state of retirement and better adaptation thereto.

The fourth stage of the discussed model is that of reactions to strain. Strain is a disturbing experience and should cause a

reaction aimed at reducing its intensity to a tolerable level. Reactions produced by strain may be affective (such as depression, anxiety, anger, etc.); perceptual/cognitive (analysis of situation and environment, reinterpretation of events, etc.) and behavioural ("do nothing", or start activities of instrumental value, etc.) These reactions may be directed to the self or the environment to change or reduce the sources of strain.

And finally, the fifth stage in the model--the consequences which may be of short or long-term duration, as a result of the reactions to strain experienced with process of transition. Although transition itself may be very short, the psychological processes may take much longer. The psychological and the objective beginning and ending of the transition process often do not coincide.

The model we briefly described can provide a framework for analyzing the psychological processes associated with transition from one role to another.

We referred to an extended retirement life expectancy of 20

years if we continue to consider 65 as the dominant age at entry and 80, or 85-- a realistically expectable longevity in our society as the point of exit. In view of the trend of lowered age at transition to retirement (58-60) in many countries, this retirement life expectancy may become even longer in the years to come. These developments make it imperative that we take a fresh look at retirement and retirement organization and research. Retirement as a transiton to old age will be less acceptable as it will not correspond to the reality of the onset of what we now consider old age unless we revise the term " Old age" in the direction of what Neugarten (1982) called "upping" old age beyond 65, 70 and 75. Withdrawal from active participation in the work-force at an earlier age than at present will signify a transition to retirement of a form, content and duration that will differ from that of our present generation, which is more of a terminal event after a life-time of work.

Most of our researches on transiton to retirement tended to target on the pre-retirement stages of the process in which retirement is an anticipated reality, or experience. Future-directed

role expectations were the center of attention. We targeted on perceptions, attitudes to and expectations of approaching retirement; on expected strains, tensions and anxieties resulting from the unknown and unexperienced demands of retirement reality: we focused on the application of the concept of anticipatory socialization to retirement and to the development of preventive-interventive planning approaches to coping with expected consequences of the transition.

We have also devoted considerable research interest and investments in the study of the first few years of retirement (generally up to five years) as if such a relatively short duration of retirement were the predominant pattern in our social reality. Here retirement was studied ongoingly or retrospectively as an "experienced experience" and reality permitting "before and after" comparisons. Many of the studies centered on attempts to evaluate the immediate or extended impact of pre-retirement preparation programs; adjustment to retirement life, interest to return to work, patterns of use of leisure time, etc. (U.N. 1985) However, as

retirement years grow longer, this view of retirement becomes in a way too narrow and has to be broadened at both ends of the continuum--at entry and at exit-- into possibly three substages with their own characteristics and needs. These could be tentatively called: pre-aging retirement (or early retirement), active retirement (or "engaged retirement")-- corresponding roughly to the period defined by Neugarten as young old (up to 75) and that of passive retirement characterized by highly reduced involvement in certain roles, such as work, life style and more frequent changes of physical, psychological or social nature.

In practical terms this would mean adopting a long-range approach to retirement education appropriate for the different sub-stages of the post retirement period. Similar ideas are also discussed as a desirable approach for a longitudinal model of pre-retirement socialization starting many years before the formal event of transition into retirement occurs. This would entail a reorientation in regard to the "pre-retirement", and of the "in-retirement" periods with recurring programs adapted to changing

needs and functional physical, psychological, and social-potential of the older people.

No single program would suffice to cover the whole length of the present and future retirement period, and certainly not currently existing programs which deal primarily with the immediate consequences of the role disruption and loss of work-role by the retiring elderly worker. There will be need to focus also on the "evaporating" or "fading" effects of these events as time passes and the world of work becomes remote and plays no more the role "lost status" to be regained or nostalgically idealized or dreamed about, by the retired.

In her paper on "The retired view the world of work" (1984), E. Shanas speaking on accommodating to retirement, touches on this issue. "The retired worker may continue to see himself as a teacher or a laborer even if he no longer fits that role. The real world, however is no longer the world of work. The real world exists in the here and now. It includes family, friends and leisure time activities. The world of work becomes a dream world. It is the day-to-day task of living now that assumes importance and

meaning."

Shanas differentiates between factors which influence retirement and the factors that are influenced by retirement. The former include factors of demographic, social-psychological and social-structural nature. The latter, the ones influenced by retirement, include options and opportunities created by and in society, for social contacts, communication, participation, patterns of activity, economic possibilities, etc. Successful transition depends not upon the causes of retirement, but rather on the nature of changes resulting from retirement.

The UNESCO document prepared for the World Assemby on Aging (1982) stresses the point by stating that for those "facing the end of their working life, the central concern is to keep open in older persons channels of communication with the outside world through opportunities for intellectual activity and for new socio-cultural experiences--and thus avoid the danger of increasing social isolation and mental rigidity."

However, the question that has to be asked is whether society,

not less than the individual, will adjust itself to retirement in its changing forms and duration by constantly adapting its concepts, structure, policies, actions, and behavior to the changing needs of those compelled, induced or voluntarily preferring to retire.

As pointed out, most transients seem to adjust to retirement. Atchley believes that up to 70% do it successfully. Findings from an Israeli study (Bergman, 1984) showed that among those before retirement, there was a clear distinction between "generalized" perception of retirement (2/3 considered it a critical event in life) and "personalized" perception of their own retirement. Whereas about 50% believed that in general it was difficult to adapt to retirement, only 20% of these respondents believed it would be difficult for them to adjust to their own retirement.

This is an "anticipated" optimism which cannot be checked before a number of years will have passed. However, we could solicit a retrospective comparison from a sample of pensioners who were asked about their feelings about retirement (before and after their own retirement). The replies are interesting as they dispel in a

way some stereotypes.

Feelings:	positive--	before retirement --	34%	after--	72%
	negative--	"	44%	"	6%
	no reply	"	22%	"	22%

These findings show a considerable shift in the direction of positive feelings to retirement. When we typed the replies for consistency, we found among those who replied that only 7% had negative feelings before and after; 53% had positive, before and after; and 40% changed from negative feelings before to positive feelings after retirement.

Shifts to more realistic and/or positive perceptions of retirement have been reported also in other countries. Nevertheless, the entry into retirement is a difficult occasion and as the ILO-WAA (1982) Document states, "the negative effects of too abrupt a change should be avoided by organizing the transition, by providing a series of transitons. The objective is to avoid or at least to limit, the pathogenic effects of an abrupt halt in occupational activity, or retirement "under the chopper" effects known as

"retirement shock" or "retirement syndrome"."

Differences in personality and circumstances make one model or formula impossible. Educating for better transitions that aim to facilitate solution of problems will have to be faced at two stages: 1) at time of transition from work to retirement life; 2) during the growing number of years of life in retirement. There is need to distinguish the individual psychological aspects of the situation of the retired person from the collective structural and social aspects.

However, concern for the individual well-being of the retired--psychological and material--does not seem to be enough. It is equally important to provide structures to enable people to play useful roles--as a result of a social policy that would appropriately cover such areas as pensions, health, human welfare and opportunities for meaningful involvement. As Matilda Riley said in her 1986 presidential address to the American Sociological Society, "the presence of increasing numbers of older people living in society that offers them few meaningful roles seems bound to bring about changes. Capable people and empty role structures

cannot long coexist." As the WHO 1987 document on "changing concepts of retirement" advocated, we badly need a conceptual transition from "Retirement-retreat to retirement-participation."

In summary:

I tried to present a few of the conceptualizations and models of transition into retirement; the major changes that occurred due to earlier entry into and later exits from, retirement; and the strains and role conflicts and adaptation to retirement, illustrated by research examples drawn from the reality of my own country. Despite expectable divergencies and differences, these issues are of universal nature and so are the major typologies of strategies used in coping with the manifold consequence of the transition process.

In closing, let me quote Le Gros Clerk (1966) on the major issue of our discussion namely "transition to retirement" and "transition to old age".

"It is a fallacy to suppose that the moment of retirement from gainful employment is identical with the moment old age begins.

This is no longer true. Transition into retirement is not ipso facto a transition to old age, especially not under the realistic domination of early retirement orientation. Transition to retirement by choice or societal predetermination of age comes when people are deciding, or are perceived as not being needed or appropriate or as incapable of meeting physical, functional, professional, or psychological demands of present day industry and economy.

"Transition to old age" begins when an increasing proportion of retired people are recognized as needing care and provision from families and the formal system of health and welfare services. With the advance of medical sciences the gap between these two points will tend to lengthen."

These and other developments expectable in the future make it imperative that individuals, agencies, professionals, governments, and researchers engage in conceptual, empirical, and practical coordinated efforts--at national and international levels--to make transition to retirement and transition to old age as meaningful,

satisfying and easy as possible for the individuals and for the society in which they live, work, and retire.